City of North Canton, Ohio Income Tax Return For calendar year ending December 31, 2011 DUE DATE - APRIL 17, 2012 File this return on or before April 17, 2012 or within 4 months of close of fiscal year. Requests for extensions must be submitted in writing on or before April 17, 2012. MAKE NAME AND ADDRESS CORRECTION 1. TOTAL WAGES (ALL W-2 COPIES AND 1099 COPIES MUST BE ATTACHED)					City of North Canton Income Tax www.northcantonohio.com 145 N. Main St. North Canton, Ohio 44720 330-499-3467 Fax: 330-499-2960 TAXPAYER SOCIAL SECURITY NO. SPOUSE SOCIAL SECURITY NO. METHOD OF PAYMENT - IF PAYING BY CHECK OR MONEY ORDER MAKE PAYABLE TO: "CITY OF NORTH CANTON"							
					Cash Check Aml Aml Aml ACCT. # EXP. DATE SIGNATURE —— BUSINESS ONLY Did you move into or out of N. Canton during the year? () Yes () N							
					Date Moved INTO North Canton							
	EMPLOYER NAME		WHERE EMPLOYED			N TAX		TAX PAID TOTAL W-2 & THER CITIES 1099 WAGES				
							o maxo,		1000 11.			
			тот	ALS	\$	<u> </u>	\$	\$				
3. Business A. Rer B. Nel C. Par D. Tota NOTE: Busin 4. Deduction A. Was 5. Taxable Ir 6. North Car 7. Credits: A. Nor B. Inco C. Pay D. Tota 8. Balance T 9. Overpayr 10. CREDIT to 11. To be REI NOTE: If unde 12. Late filling 13. Penalty \$	ntal Income from Page 2 (Attack Profit from Business from Page ther's Distributive Share of Part al Business Income ess or rental losses may not b as: ges earned prior to moving in or acome (Add lines 1, 2 and 3D ar action City Tax (1.5% of Line 5) th Canton Tax withheld by employee the Tax paid to other cities (Not action of Declaration of Estimate al Credits (Add A, B, C) fax Due, If Line 6 exceeds line in the Claimed, If Line 7D exceed to 2012 estimate (if no estimate of EUNDED (if estimate due use L ar eighteen, need proof of age to penalty - returns filed or pos the due - MUST BE PAID IN the all Credits (MUST BE PAID IN)	n Federal Forms) 2 (Attach Federal Forms) nership Income (Attach K-1's) ne used to offset wages. out of North Canton or prior to 18 ad subtract line 4A) byer(s) to exceed 1.5% of income taxes ad Tax (or Credit Carryover) 7D as Line 6 adue use Line 11) ine 10) for refund. atmarked after April 17th, enter nterest \$	s in that City) 11. \$ \$25.00 fine er month) Estim PAYABLE TO C shall be collected or	ate P& CITY O r refund ATED	7A \$	CAN'	3D. \$ 5. \$ 6. \$ 7D. \$ 8. \$ Total 13. \$ TON 14. \$					
Must be filed if city income tax is not withheld by your employer	2 LESS TAX TO BE WITHHELD A. By a North Canton employe B. By an employer in 3. Balance estimated North Canto 4. LESS CREDITS: A. Overpar B. Other (: 5. Net Tax Due (line 3 less total o 6 Amount paid with this return (not 7 Balance of Tax	(Subject to interest and pen Canton tax \$ (name of City) on tax yment on Prior Year Return Specify)	alties if not filed a 5% 4A. \$- 4B. \$ to City of North Canto	and pai	d-see instru 2A \$ 2B \$ 7. \$ _	Total	Credits	3. \$ 4. \$ 5. \$				